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CONFIRMATION NO. 5086

SERIAL NUMBER 10/055,194	FILING OR 371(c) DATE 10/29/2001 RULE	CLASS 455	GROUP ART UNIT 2682	ATTORNEY DOCKET NO. 29505/PF02194NA
APPLICANTS Garland Phillips, Arlington, TX; Soeren H. Thomsen, N Richland Hills, TX; Kevin C. Mowry, Irving, TX;				
** CONTINUING DATA *****				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 02/14/2002				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____		STATE OR COUNTRY TX	SHEETS DRAWING 2	TOTAL CLAIMS 30 INDEPENDENT CLAIMS 4
ADDRESS 20280				
TITLE Method and communication network for providing operating information associated with a wireless device				
FILING FEE RECEIVED 1004	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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CONFIRMATION NO. 5086

SERIAL NUMBER 10/055,194	FILING DATE 10/29/2001 RULE	CLASS 455	GROUP ART UNIT 2681	ATTORNEY DOCKET NO. 29505/PF02194NA
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APPLICANTS

Garland Phillips, Arlington, TX;
Soeren H. Thomsen, N Richland Hills, TX;
Kevin C. Mowry, Irving, TX;

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

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35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

ADDRESS

29978

TITLE

Method and communication network for providing operating information associated with a wireless device

FILING FEE RECEIVED 1004	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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